

tals, by constant informative publicity and an enlightened public sentiment have so far been unusually successful in preventing backward steps in many hospitals and other agencies of scientific medicine. There is practically no *legal* control over most of the medical agencies, including hospitals.

There is one state board that has by law a limited control over certain classes of hospitals. The personnel of this board varies with the wishes of any Governor of the state. Without the slightest reflection upon any of its members, it may be fairly stated that none of them has the special knowledge and experience necessary to supervise or lead well planned hospital progress. For the same reason they are not well enough prepared to exercise the control that should be applied to all medical agencies.

There is also a Department of Institutions with a non-medical director who holds office at the pleasure of the Governor, which has much to say about all state hospitals. The Board of Control (a non-medical body) by holding the purse strings quite effectively controls all forms of state medical work.

UNENVIABLE POSITION OF BOARD OF HEALTH

The State Board of Health has limited control over the nursing educational feature of all hospitals engaged in such work. As many of the larger and better hospitals maintain schools of nursing, the requirements set by the health board should be quite influential.

However, right here we strike an interesting snag in our otherwise encouraging program. It so happens that the present members of the State Board of Health are all educated physicians. They are appointed by the Governor for certain definite periods, after which they hold office at his pleasure. They are also limited in their ability to maintain standards of nursing education by the vagaries of our peculiar laws. One of these laws, according to a recent ruling by the Attorney General, prohibits the board from refusing accredited standing to a school of nursing because the hospital admits inadequately educated "doctors" to its services. *There are hospitals with schools of nursing accredited by the board of health in which it is admitted that inadequately educated healers are practicing the healing art.*

Out of this situation has grown what many call the "drugless nurse" idea which is destined to travel far. Various groups of the licensed drugless healers are jubilant over the fact that they may have a hand in influencing the education (?) of nurses.

What a spectacle!

The Board of Medical Examiners, within the provision of an inadequate law, controls the licensing of educated physicians, drugless practitioners, midwives and chiropodists. They have certain disciplinary powers over their licentiates.

Boards of Osteopaths and Chiropractors control the licensing of "graduates" from their "colleges." The Pharmacists and Optometrists have their boards, and as stated above nurses are controlled to a certain degree by the health board. *There is no legal control whatever over x-ray, pathological and clinical laboratories, nor several other important agencies of medicine.*

So from the standpoint of legal control of

the many agencies of health, California presents a sorry plight; the public being largely unprotected from incompetence, imposition and fraud.

However, the moral forces listed above have been so effective and so well sustained that there are less than five hospitals in the state operated for the inadequately educated. There are less than a dozen out of over 500 hospitals where any but educated physicians holding the academic degree of Doctor of Medicine may practice. Strenuous efforts have been and are being made in places to break down these moral forces, as recently illustrated in the Murphy Memorial Hospital debacle and the fight over the Long Beach Community Hospital. It can't be done, so long as the educated physicians remain honest with themselves and their patients.

ANY OF THE DIPLOMA MILL AND NEAR-DOCTOR GROUPS MAY BUILD AND OPERATE AS MANY HOSPITALS AS THEY PLEASE WITHOUT OPPOSITION FROM EDUCATED PHYSICIANS OR THE LAW AS IT NOW STANDS. BUT THEY WILL NOT BE PERMITTED TO PRACTICE THEIR CULTS IN SCIENTIFIC MEDICAL AGENCY HOSPITALS, AND THE TWO KINDS OF HOSPITALS CAN NO MORE BE SCRAMBLED THAN CAN A TRUE PHYSICIAN AND A CULTIST FIND COMMON GROUND UPON WHICH THEY CAN CO-OPERATE.

THE PLACE OF THE CLINICAL LABORATORY IN THE PRACTICE OF MEDICINE

Our "special article" in this issue (page 537) is upon a subject of vital concern to every public health and personal health physician. Doctor Woolley, from his broad experience as teacher and research worker and consulting pathologist, has projected interesting phases of the laboratory problem for earnest thought.

Not the least important phase of the laboratory problem is its expense to the patient or the community. This must be kept within reasonable bounds, as it may well be if we will utilize the pathologist as a consultant and require only such laboratory work as is essential.

THE HEALTH CENTER IDEA

Since the so-called modern health center was conceived and developed during the war, the idea has traveled a curious and a twisted road. The first part of this road was attractive and enthusiastically negotiated. Then the idea began to be twisted and turned, redefined, reclassified, and re-exemplified in "Health Centers" of many varieties, in many places, with many sorts of management. There came a time when the road began to be rocky and strewn with difficult boulders until during the last few years and months many of these theoretical panaceas have disappeared, others have changed their names and methods of activity, and others still occupy offices on dusty streets, with windows that have not recently been cleaned and which, in some instances, are still pasted with fly specks and war posters.

Apparently, a few "health centers" that were or-